

Health and Care Strategic Delivery Plan 2021-25

‘Good health and well-being for all’



**Julia Jessel
Cabinet Member
for Health and Care**



**Dr Johnny McMahon
Cabinet Support Member
for Public Health
and Integrated Care**



**Dr Richard Harling
Director
of Health and Care**

Purpose

1. This Plan outlines how Health and Care will contribute to the Council's priorities as set out in the corporate Strategic Plan, which is shown in Figure 1.
2. This is an 'internal' rather than a public facing Plan. Its purpose is to help Health and Care staff understand our strategic objectives, values and outcomes, and how their work contributes to achieving our objectives and relates to the work of others.
3. Health and Care staff include those employed by the Council and those working for other organisations providing Health and Care functions, including Midlands Partnership Foundation Trust as well as voluntary and independent sector organisations.

Figure 1: Staffordshire County Council Strategic Plan

Vision: An innovative, ambitious and sustainable county, where everyone has the opportunity to prosper, be healthy and happy

Outcomes:

Everyone in Staffordshire will:



Have access to more good jobs and share the benefits of economic growth



Live in thriving and sustainable communities



Be healthier and independent for longer

Priorities:



Support Staffordshire's economy to grow, generating more and better-paid jobs



Fix more roads, and improve transport and digital connections



Tackle climate change, enhance our environment, and make Staffordshire more sustainable



Encourage good health and wellbeing, resilience and independence



Offer every Staffordshire child and young person the best start in life, and the chance to achieve their potential

How we work:



Encourage our communities to help themselves and each other



Lead our workforce to be ambitious, courageous and empowered



Use digital technology and data to connect, inform and support the people of Staffordshire



Engage and listen to our communities, partners and business, working together to improve our county

Pledge: Live within our means, and deliver value for money

Context

4. Health and Care is responsible for the Council's statutory functions of public health and adult social services. These duties are set out in the Health and Social Care Act 2012, the Care Act 2014, the Mental Health Act 1983, and the Mental Capacity Act 2005 and include:
 - **Protect and improve** health and well-being and prevent needs for care and support
 - **Assess needs** for care and support and eligibility for funding
 - **Shape the care market** and ensure that quality services are available
 - **Safeguard adults** with care and support needs from abuse and neglect
5. This Plan covers how we will respond to the challenges and take advantage of the opportunities facing Health and Care over the next few years, as summarised below. These include implementing "People at the Heart of Care: adult social care reform white paper" as well as the learning from our last adult social care peer challenge.

Challenges

- Whilst Staffordshire is generally healthy, population health is not as good as it could be. People are spending more years in ill health towards the end of their lives, and there are pockets of poor health. This is contributing to rising demand for adult social care.
- Recruitment and retention of staff in the health and care sector is increasingly difficult, and care providers are facing workforce shortages.
- There are cost pressures from the rising demand, as well as to the care market from inflation, increases in the national living wage, the need to pay competitive wages, and enhanced infection prevention and control standards.
- Funding reforms will create additional costs for local authorities and it is not clear that these are covered by the extra funding promised by HM Government.
- An enhanced adult social care assurance framework will be introduced from April 2022, and we will need to be prepared for the Care Quality Commission's new system of oversight and inspection.

Opportunities

- Staffordshire has mounted a successful response to Covid, and there is an opportunity to build on the partnerships that have been forged as well as the surge in volunteering that we have seen during the pandemic.
- There is a renewed interest in improving health and reducing health inequalities in the wake of Covid - and opportunities to improve health through our impact on the environment and by encouraging personal responsibility and planning for later life.
- Our overall adult social care costs are low and we have been successful in managing demand over the last few years – so we have an opportunity to develop strengths based approaches.
- The recent social care white paper highlights the role of housing and technologies and there is an opportunity for us to extend how they are used to in support people to live independent lives.
- We have a successful local authority trading company, and this model offers an opportunity to provide services directly where the care market is unable to offer good quality at an affordable price.

Overview of Health and Care

6. Health and Care has four service areas, each with an Assistant Director or Lead.

Public Health and Prevention

Interim Assistant Director: Claire McIver

Main responsibilities include:

- Prevention and management of threats to health - including Covid.
- Promoting better health for Staffordshire residents.
- Strategies to improve health and well-being.
- Access to community assets to help people support each other.
- Public health services.



Adult social care and safeguarding

Assistant Director: Jo Cowcher

Main responsibilities include:

- Care Act assessments, reviews and case management.
- Safeguarding adults.
- Mental Health Act and Deprivation of Liberty Safeguards.
- Appointeeships and Deputyships.
- Financial assessments.



Care Commissioning

Assistant Director: Andrew Jepps

Main responsibilities include:

- Working with the NHS to improve urgent care.
- Shaping the care market, including joint commissioning with the NHS.
- Finding care services for individuals.
- Supporting care providers to improve quality, jointly with the NHS.
- Management of individual issues with care providers.



Learning disability provider services

Care services lead: Kelly Gray

Main responsibilities include:

- In-house residential care and residential replacement care
- Supported Living
- Day opportunities



Strategic objectives and outcomes

7. Cabinet has set four strategic objectives for Health and Care for 2021-26. These are:
 - 1) **Promote good health and independence**, and encourage and enable people to take personal responsibility for maintaining their well-being
 - 2) **Ensure effective and efficient assessment** of needs that offers fair access to services
 - 3) **Maintain a market** for care and support that offers services at an affordable price
 - 4) **Ensure best use of resources**, people, data and technology
8. The strategic objectives will inform annual objectives for each of the four service areas, as well for managers and staff in the Council and MPFT. Achievement will be measured using a series of outcomes as shown in Table 1, each of which will have a range of performance indicators with targets where relevant.
9. Governance is ultimately to full Council and Cabinet, supported by a range of committees and groups as well as the Health and Care Senior Leadership Team. A set of **key performance indicators**, relating to the **outcomes highlighted** in Table 1, will be reported through to Cabinet as part of quarterly reporting.

Table 1: Outcome measures

Strategic objective	Outcomes	Governance
Promote good health and independence	1 a: Ensure effective response to Covid and other threats to health 1 b: Maximise immunisation and screening uptake 1 c: Increase healthy life expectancy and improve health outcomes 1d: Develop and facilitate access to community capacity to help older and vulnerable adults remain healthy and independent 1 e: Optimise activity and quality of public health services	Covid Member led Local Outbreak Control Board Health and Well-being Board
Ensure effective and efficient assessment	2a: Ensure timeliness, quality and outcomes of Care Act assessments and reviews 2b: Ensure timeliness, quality and outcomes of Financial assessments 2c: Ensure timeliness, quality and outcomes of Safeguarding pathway 2d: Ensure timeliness, quality and outcomes of MHA and DoLS 2e: Ensure effective management of appointeeships and deputyships.	Cabinet to MPFT Trust Board Safeguarding Adults Board
Maintain a market	3a: Improve activity and outcomes in reablement services 3b: Improve quality of care 3c. Ensure timely access to care 3d. Ensure affordable and sustainable care	Cabinet to MPFT Trust Board Cabinet
Ensure best use of resources	4a: Ensure financial balance 4b: Ensure a healthy and appropriately skilled workforce	Cabinet

Values and behaviours

10. The Council has three core values: ambitious, courageous and empowering. In Health and Care the behaviours we will seek to display to demonstrate these values are shown below.



We set high standards and aspire to the best possible outcomes for our population

We focus on people's strengths, enabling them to lead healthy independent lives.

We help people solve their problems quickly and offer the best possible customer experience.

We work with our partners, including the NHS, to improve and integrate services.

We offer everyone the opportunity to be healthy and independent, and value inclusion and diversity.

We are honest with people about their entitlements to Council funded care and support.

We are bold in innovating and introducing new ways of working to benefit our residents.

We continually reflect, learn and improve.

We ensure that staff have the knowledge, skills and confidence to succeed, and develop them to become leaders of the future.

We are creative and welcome ideas for improving outcomes and services.

We engage frontline staff, clients, and carers and co-produce solutions.

We minimise bureaucracy and allow staff to concentrate on their role.

Major change programmes

11. Health and Care has a number of major change programmes ongoing:

Public Health and Prevention

- **Health protection** - including Covid local outbreak management. We will maintain a proportionate response to threats to health including the ongoing pandemic.
- **Health in all policies.** We will aim to harness the efforts of the Council and other partners to improve health through our impact on the environment.
- **Information advice & guidance.** We will develop a robust prevention offer, drawing on best practice, and ensure comprehensive resources to help people stay healthy and independent, plan for old age, and find support when they need it.
- **Supportive Communities.** We will further develop community assets to support people, and facilitate access through self-help and professional signposting.
- **Public health services.** We will optimise the impact of services including drug and alcohol, sexual health, healthy lifestyles, and Warmer and Greener Homes.

Adult social care and safeguarding

- **Strengths-based practice.** We will develop the conditions to allow strengths-based practice to flourish to ensure that we consistently promote independence, focusing on what people can do for themselves and using community assets and technologies.
- **Pathway development.** We will ensure that processes are as streamlined as possible, documentation is proportionate, and outcomes are optimised. We will introduce a customer feedback system to capture the experience of clients and carers. We will implement the 'Care Cap' and revised capital thresholds.
- **Reviews.** We will ensure regular strengths-based reviews of those people receiving Council funded adult social care services and ensure that we are promoting independence.
- **Digital and performance.** We will explore options for a new care management system that is easy to use and allows robust performance management, and ensure that we are prepared for the Care Quality Commission's new system of oversight / inspection.

Care Commissioning

- **Care in the home.** We will support people at home if possible. We will enable innovation including use of technology and new modes of care that people can buy with Direct Payments. We will explore development of a next generation of Extra Care schemes.
- **Accommodation based care.** We will develop and implement a strategy to secure quality and affordable care home placements, with use of technologies to improve and monitor quality of care. We will implement the national 'Fair Cost of Care'.
- **Joint commissioning with the NHS.** We will build on our success in establishing hospital discharge pathways and develop joint commissioning arrangements including joint strategies for Mental Health and Learning Disabilities and Autism.
- **Learning disability and autism commissioning.** We will recommission Supported Living, residential replacement care, and day opportunities to ensure sustainable services.
- **Co-production.** We will strengthen arrangements to engage frontline staff, clients, and carers in our change programmes, understand their issues and co-produce solutions.

Learning disability provider services

- **Learning disability provider services review.** We will develop strengths-based care, embed co-production in service design and delivery, and restructure services to ensure that they are sustainable. This will be enabled by investment in refurbishment of buildings and a digital care management system to improve the quality and productivity of care.

Strengths-based approaches

12. Strengths-based approaches are essential to enable people to lead the most independent and fulfilling lives. We will adopt them throughout the work we do to support individuals, families and communities to achieve their goals.
13. Strengths-based approaches focus on what is important to people, what they can do for themselves, how their abilities can be complemented by assets available in the community as well as by technologies, and how they can best be linked to informal networks of support as well as formal care where appropriate. This helps to build a collaborative, trusting, honest relationship between the Council and our residents.
14. Health and Care already has many examples of strengths-based approaches: developing and facilitating access to community assets, adopting strengths-based practice for adult social care professionals, and co-producing commissioned services. We want to build on this, develop the conditions to allow strengths-based practice to flourish, share good practice and ensure consistency. This will include:
 - Making sure that the Supportive Communities is linked to adult social care and safeguarding teams and that practitioners understand the full range of community assets available to support vulnerable people.
 - Embedding strengths-based practice at the point when people who need help and support first make contact with the Council.
 - Using the knowledge and problem solving skills of frontline social care practitioners.
 - Developing a role for practitioner peer review in quality assurance of Care Act assessments and reviews, rather than sign off by panels.
 - Redesigning Care Act assessment and review processes and forms, to encourage a greater focus on strengths while still managing risks.
 - Strengthening co-production to bring the perspective and experience of people receiving Council funded adult social care services to influence commissioning.

Technologies

15. Technologies will increasingly play a role in improving health and care outcomes and services. We will continue to embrace technologies, testing and evaluating new systems and embedding those that are effective. Some examples include:
 - Promotion of Apps to encourage better diet and exercise.
 - Developing online self-help and self-assessment.
 - Promotion of assistive technologies.
 - Introducing an adult social care and safeguarding customer feedback system.
 - Exploring options for a new care management system with an intuitive interface.
 - Using the 'internet of things' to supplement home care.
 - Introducing technologies to improve and monitor the quality of care in care homes.
 - In Learning disability provider services introducing a digital care management system along with mobile devices to facilitate flexible and remote working.
16. If funding permits we will consider establishing an innovation fund to pilot new technologies for improving health and enhancing the quality and productivity of care.

Workforce

17. Health and Care is critically dependent on our workforce. We need the right people, with the right knowledge and skills, and that they feel valued and supported to deliver our functions to a high standard.
18. Our workforce includes staff employed by the Council, staff working for partners providing Health and Care functions under legal agreements, such as in Midlands Partnership NHS Foundation Trust (MPFT), and staff working for voluntary and independent sector organisations involved in improving health and providing care.
19. We have a number of workforce challenges – which are facing all local authorities:
 - Fatigue as result of the Covid pandemic and rising demand.
 - Recruitment and retention of staff in the context of labour market shortages – this is particularly critical in independent care providers.
 - Training and leadership development.
20. We will develop a **People Strategy** for the Council and MPFT, and a **Workforce Strategy** for the care market, describing anticipated staff requirements and how they will be met.
21. These will include a number of initiatives under way and planned:
 - Staff well-being support.
 - Investment in additional capacity in adult social care and safeguarding.
 - Recruitment campaigns, both for the Council and MPFT, and to support the care market.
 - Public recognition of the role and value of care staff, as well as commissioning arrangements that contribute to a sustainable workforce for independent providers, including consideration of incentives to attract staff to join and stay in the local market.
 - Policies and technology to facilitate flexible and mobile working.
 - Social work learning academy.
22. Beyond this we will explore how we can incentivise young people to enter a career improving health and providing care and how we create a workforce integrated with the NHS that offers job satisfaction, career progression and skills development.

Budget

23. Health and Care has a strong record for financial management, and it is important that this is maintained. The budget for 2021/22 is £359.4m, made up of £232.5m base budget and £126.9m from other sources, as shown in Table 2.
24. Health and Care faces cost pressures from rising demand for care and support as the population ages, as well rising prices due to inflation, challenges recruiting the care workforce, and increases in the national living wage.
25. Cost pressures are recognised in the Council's current Medium Term Financial Strategy (MTFS) with the Health and Care base budget increasing by £40.8m by 2025/26 to meet the demands of demographic growth, inflation and other pressures, whilst delivering £12.0m of savings, as shown in Table 3. These figures will be updated change as the MTFS is reviewed in light of changing circumstances.

Table 2: Health and Care budget 2021/22 (£m)

Service area	Base budget	PH Ring Fenced Grant	iBCF	BCF NHS cash transfer	NHS income	Client income	Other	Total
Public health & prevention	0.0	30.3	0.0	0.0	0.0	0.0	2.6	32.8
Adult social care & safeguarding	31.2	0.0	0.0	6.5	0.0	0.0	0.0	37.7
Care commissioning	193.2	0.0	8.5	14.3	9.0	55.6	0.0	280.7
LD provider services	8.2	0.0	0.0	0.0	0.0	0.0	0.0	8.2
Total	232.5	30.3	8.5	20.8	9.0	55.6	2.6	359.4

Table 3: Health and Care budget to 2025/26 (£m)

	2021/22	2022/23	2023/24	2024/25	2025/26
Base budget 2020/21	214.9	214.9	214.9	214.9	214.9
Demographic growth and inflation	20.0	33.5	46.3	59.2	72.4
MTFS savings required	-2.4	-6.8	-10.3	-12.0	-12.0
Base budget available in year	232.5	241.6	250.9	262.1	275.3

Risks

26. Health and Care functions are complex and subject to uncertainties. There a range of risks to quality, legal compliance, reputation and financial balance that we are seeking to mitigate, as shown in Table 4.

Table 4: risks and mitigation

Type of risk	Nature of risk	Mitigation
Quality Financial	Further waves of Covid cause further ill health and jeopardise the economy	<ul style="list-style-type: none"> • Covid local outbreak management plan
Quality Legal Reputational	Rising demand creates backlogs for Care Act assessments and/or reviews	<ul style="list-style-type: none"> • Performance management to identify issues early • Streamlining processes • Investment in additional staff capacity
Quality Legal Reputational	Failure to identify and/or meet people's needs for care and support	<ul style="list-style-type: none"> • Practice guidance and strengths-based practice • Quality assurance of Care Act assessments and reviews • Managing and developing the care market to ensure services are available at an affordable price • Quality improvement support for care providers
Quality Legal Reputational	Failure to effectively safeguard adults in need of care and support	<ul style="list-style-type: none"> • Safeguarding policy and procedures • Performance management and quality assurance of safeguarding pathway and Dols • Investment in additional staff capacity
Quality Financial	Shortage of staff in care sector	<ul style="list-style-type: none"> • Recruitment campaign for the Council and MPFT as well as support for the care market
Quality Legal Financial	Failure of care provider	<ul style="list-style-type: none"> • Quality improvement support for care providers • Established policy and procedures for management of provider failure • Availability of Nexxus
Financial	Cost of people requiring care and support exceeds budget available	<ul style="list-style-type: none"> • Strengths-based practice • Managing and developing the care market to ensure services available at affordable price
Financial	HM Government grants or other sources of income are insufficient	<ul style="list-style-type: none"> • Lobbying to ensure continuity of existing grants as well as adequate funding for new duties
Financial	High levels of client debt	<ul style="list-style-type: none"> • Debt working group established • Financial assessments being streamlined to reduce delays and increase direct debits • Bad debt provision increased